

EXECUTIVE SUMMARY
Missouri Mental Health Commission Meeting
Innsbrook Conference Center—Sycamore Room
1 Aspen Circle, Innsbrook, MO

July 10, 2008

PRESENT

Ron Dittamore, Chair
Beth Viviano, Secretary
Phillip McClendon
Patricia Bolster, M.D.
Kathy Carter
David Vlach, M.D.
Joann Leykam

GUESTS

Susan Pritchard-Green, MO Planning Council for DD
Susan Nichols, MO P & A
Tim Swinfard, MO Coalition of CMHCs
Carol Baer, Emmaus Homes
Judy Alexander-Weber, Emmaus Homes
John Thaelke, DD Resource Board
Wendy Sullivan, Life Skills

STAFF

Keith Schafer, Department Director
Mark Stringer, Division Director, ADA
Dr. Joe Parks, Division Director, CPS
Bernie Simons, Division Director, MR/DD
Felix Vincenz, CEO, CPS
Bob Bax, Public Affairs Director
Jan Heckemeyer, DMH Administration
Monica Hoy, Assistant to the Director
Diane McFarland, Office of Transformation
Pam Leyhe, Medicaid/Housing Director
Audrey Hancock, Director's Office
Cathy Welch, Director's Office
Leigh Gibson, Consumer Safety
Rikki Wright, General Counsel
John Heskett, Office of Child MH
Dallas Jones, ITSD Director
Benton Goon, MIMH

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| <p>CALL TO ORDER/ INTRODUCTIONS</p> <p>APPROVAL OF MINUTES</p> <p>ELECTION OF OFFICERS</p> <p>OPEN DISCUSSION</p> | <ul style="list-style-type: none"> • Ron Dittmore called the Missouri Mental Health Commission Meeting to order at 10:15 a.m. on July 10, 2008. The meeting was held at Innsbrook Conference Center, Innsbrook, MO. Introductions were made. • Phillip McClendon made a motion to approve the Minutes of the June 12, 2008 Mental Health Commission Meeting. Kathy Carter seconded the motion but asked that the Minutes of the May 15, 2008 meeting be corrected to reflect that the slate of officers elected at the July meeting will take office at the July meeting. The motion passed and the June 12, 2008 Minutes were approved. • David Vlach made a motion to elect by roll call the slate of officers as presented by the Nominating Committee at the June 12, 2008 Mental Health Commission meeting. Joann Leykam seconded the motion. All Commissioners voted yes and the slate of officers was elected as nominated. Phillip McClendon will serve as Chair and Beth Viviano will serve as Secretary for the next year. Phillip McClendon thanked Ron for his work as Chair. Phillip chaired the remainder of this meeting. • Kathy Carter commended Diane McFarland and Benton Goon on the outstanding review they received for the Comprehensive Plan for Mental Health – Creating Communities of Hope. • Ron Dittmore advised that Keith Schafer’s annual evaluation by the Commission is due. That evaluation will be done in Closed Executive Session at the August 14, 2008 Commission Meeting. • It was determined that the Commission would hold its regular monthly meeting at Fulton State Hospital on September 11, 2008 and would tour the facility at that time, and the October 9, 2008 meeting will be held at Joplin, Missouri. |
| <p>BUDGET DISCUSSION</p> | <ul style="list-style-type: none"> • Dr. Joe Parks and Felix Vincenz presented details on the Fulton State Hospital (FSH) Capitol Improvements Project: <ul style="list-style-type: none"> ➢ FSH is the oldest physical plant and psychiatric hospital; ➢ FSH is the only maximum security hospital, with highest rates of staff and patient injury; ➢ The physical plant is in multiple buildings, making it difficult for staff and patients to engage with each other; ➢ The proposal is for a new 525 bed facility. A request has been made for 25 additional minimum security beds at Northwest Psychiatric Rehabilitation Center at St. Joseph and a new 40 bed minimum security facility in the Southwest Region. ➢ Each of the following are needed to reduce the number of beds needed at FSH: <ul style="list-style-type: none"> ✓ Additional construction of minimum security forensic beds in the southwest and northwest regions, reducing |

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| | <p>the number of beds needed for Fulton State Hospital's current intermediate minimum security units;</p> <ul style="list-style-type: none"> ✓ Passage of legislation requiring the return of individuals found both competent and responsible to stand trial, within five days of such a determination; ✓ Availability and funding of additional MR/DD waiver slots to enable the reintegration of individuals with co-occurring MI/DD diagnoses; ✓ Availability and funding of Transitional Community Placement beds for individuals that require a higher level of security than typically available in the community. <p>➤ RFP Items:</p> <ul style="list-style-type: none"> ✓ Update costs from Henderson group; ✓ Development of a centralized and web physical plant design as an alternative to the Henderson design. ✓ Potential for having package boilers in lieu of a central power plant. ✓ Fencing and security design and costs including cameras and electronic locking. ✓ Cost for incorporating technological infrastructure ✓ Phasing of construction versus single contract ✓ Minimize demolition that needs to be done to have a fully functioning unit ✓ Hazmat implications <p>➤ Other FSH items discussed:</p> <ul style="list-style-type: none"> ✓ Demolition of existing buildings on campus ✓ Interest in existing buildings to other parties ✓ Reasons for increased beds at Northwest and Southwest for minimum security ✓ Future operations costs and funding <p>Jan Heckemeyer provided handouts detailing the FY 2009 Supplemental Budget and the FY 2010 Operating Budget. The total FY 2009 Operating Budget was \$1,173,022,653. The total of new items proposed for FY 2010 is \$113,841,345 from all funding sources.</p> <p>FY 2009 Supplemental Budget:</p> <ul style="list-style-type: none"> • <u>Motor Fuel</u> – this is a result of rising fuel costs and is needed to cover the projected shortfall in FY 2009 motor fuel. • <u>Increased Food Costs</u> – is new item requesting supplemental funding due to spikes in expenses. Amount TBD. • <u>Replacement of Organized Healthcare Delivery System Earnings</u> – due to a change in federal regulations, DMH core community program funding is being reduced. The amount requested was consensus by DMH, DSS, and OA to replace the GR budget core cuts in past fiscal years. • <u>Overtime</u> – provides funding to pay overtime by certain employees providing direct client care in state institutions that are operated 24 hours a day, 7 days a week. • <u>Additional Authority for Shelter Plus Care Grants</u> – will provide additional federal authority for Shelter Plus Care |

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| | <p>Grants that provide rental assistance for DMH consumers. FY 09 request is inadequate to cover projected expenditures.</p> <ul style="list-style-type: none"> • <u>Additional CPS Interagency Payment Fund Authority</u> – Dr. Joe Parks explained this item will provide additional authority from the Mental Health Interagency Payment Fund for expenditures associated with a cooperative program between CPS and Department of Corrections connecting Probation and Parole clients with Community Mental Health Center services. • <u>Additional MR/DD Interagency Payment Fund Authority</u> – Bernie Simons explained this item will provide additional authority from the Mental Health Interagency Payment Fund for expenditures associated with children who are clients of the Department of Social Services. • <u>ICF/MR Provider Tax Authority</u> – Bernie explained this item will provide additional authority for state-operated Habilitation Centers to pay the ICF/MR provider tax. Original FY09 estimates did not include an allowable trend factor, thereby limiting potential federal earnings. This is a non-count in the budget system because of corresponding transfer back to GR. <p>Summary of FY 2010 Core Redirects:</p> <ul style="list-style-type: none"> • <u>Psychiatric Acute Care Transformation</u> – Dr. Parks explained that this would generate general revenue and create savings to fund hospitals and community providers. A proposal has been received from the Western Region and other providers on an agreement with Truman Medical Center to operate Western Missouri Mental Health Center. • <u>MI/DD Consumers to the Most Appropriate Treatment Setting</u> – Dr. Parks explained the process of moving up to 100 MI/DD-CPS consumers in long-term care hospitals to community settings funded with MR/DD Waiver slots, while relocating up to 50 MR/DD Habilitation Center consumers to more appropriate treatment settings in CPS facilities. The Division of MR/DD will utilize savings from the 100 consumers leaving Habilitation Centers to provide the GR match for the waiver-eligible CPS consumers to be placed in the community. The GR match for 100 MR/DD Waiver slots is approximately \$3 million, accomplishing two primary objectives: 1) reduces census at CPS long-term care facilities; 2) places MI/DD consumers in the most appropriate treatment setting. • <u>MR/DD Case Management Transition</u> – transitioning state case management services to willing community-based providers continues. Bernie Simons explained that there are now 176 case managers employed by the counties, and more counties signing on to provide case management through SB 40 Boards. This transition will ultimately allow the addition of between \$1 million to \$3.6 million new services for MR/DD-eligible children and adults currently on the MR/DD Wait List and will help bring MR/DD case manager ratios closer to the national standard of 1 case manager to every 40 consumers. • <u>DMH Staff Training</u> – Redirect core program funding to staff training. A limited, but essential staff training budget is currently being developed. This core redirect is mandatory for the safety of DMH consumers. Lynn Carter explained this request and noted the issues with the E-learning platform and access limitations. |

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| | <p>FY 2010 Operating Budget</p> <p><u>Mandatories</u></p> <ul style="list-style-type: none"> • <u>Increased Food Costs</u> – as explained, is standard increase based on Department of Agriculture inflationary rate of 4%. • <u>Increased Medical Care Costs</u> – requests funding to support medical costs at state-operated facilities, based on a U.S. Department of Labor medical inflationary increase of 5%. • <u>Increased Medication Costs</u> – requests funding for approximately 10% inflation for medication and medication-related services for persons who could not otherwise afford it. • <u>CASELOAD GROWTH</u> – requests funding to support two components of caseload growth: <ul style="list-style-type: none"> ➢ <u>MO HealthNet Caseload Growth</u> – requests funding to offset the increased costs associated with projected MO HealthNet caseload growth and will prevent further erosion of the DMH funding base. Cost TBD. ➢ <u>Services for MO HealthNet Eligibles</u> – requests funding to offset increased costs associated with the non-MO HealthNet services for the projected growth in the MO HealthNet programs/eligibles administered by each division. Cost TBD. ➢ <u>Discussion on New Decision Item for Access</u> – Kathy Carter expressed concern that there was not an item for access when many are being turned away by the CMHCs. There will be further discussion on this item. • <u>MO HealthNet Match Adjustment</u> – the federal share of the blended Federal Financial Participation (FFP) rate will increase in FY 2010, thereby decreasing the State's share. As a result, DMH is requesting additional federal authority so adequate authority for the MO HealthNet payment is available. • <u>Medicare Part B & D Premiums</u> – The core appropriation includes funding for Medicare Part B & D premium increases. The Department pays the premiums when financially beneficial to the State. • <u>MO HealthNet MH Partnership Technology Initiative GR pick-up</u> – this ongoing disease management initiative, in partnership with MO HealthNet, utilizes health information technology to coordinate and improve health care of persons with co-occurring psychiatric and chronic medical illnesses. Was funded in FY 2008 and FY 2009 with one-time funding from the Healthcare Technology Fund and requires ongoing GR to continue. • <u>Missouri Sexual Offender Treatment Center (MSOTC) Cost-to-Continue</u> – partial year funding was appropriated in FY 2009 to open the final ward allowed under the current structural footprint at MSOTC. Funding is being requested due to the potential delay in implementing the FY 2009 core redirect allowing detainees awaiting trial determination on commitment to be held in contracted jail settings. Delays could result from court injunction or quicker than anticipated trial conclusions. • <u>Pharmacy Service Contract Increase</u> – will provide approximate 5% inflationary increase for pharmacy contract services. Does not purchase medications, but the services of pharmacists to operate the pharmacies at CPS facilities. <p><u>Infrastructure Support</u></p> <ul style="list-style-type: none"> • <u>State Employee General Structure Adjustment</u> – requests funding for an estimated 3% state employee general structure adjustment. This item will NOT be included in the department's October request, per instructions from OA |

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| | <p>Budget and Planning, and is included for informational purposes only.</p> <ul style="list-style-type: none"> • <u>Community Provider Inflationary Increase</u> – requests funding for a 3% increase for community providers to keep pace with inflationary pressures and state salary increases and a 1% inflationary increase is included for rising fuel/utilities. • <u>Personnel Advisory Board Approved Repositionings</u> – requests funding for PAB approved repositionings. <p><u>New Decision Items</u></p> <ul style="list-style-type: none"> • Keith Schafer explained that these are NOT in priority order. There have been no discussions on priority at this time. • <u>Replacement of Organized Healthcare Delivery System Earnings Cost-to-Continue</u> – due to a change in federal regulations. DMH core community program funding is being reduced. Funding is needed to avoid a reduction in community services. These earnings were identified to replace GR core reductions in past fiscal years. • <u>Direct Care Career Pathways – Pilot Program</u> – Keith provided a handout and explained the background and reasons for this item. It requests funding to professionalize a portion of the staff at Northwest Missouri Psychiatric Rehab Center and Higginsville Habilitation Center resulting in a culture change with more emphasis on safety and career development for direct care staff. <ul style="list-style-type: none"> ➢ Increase approximately 20% of Developmental Assistants and Psychiatric Aides into Bachelor Level direct care positions and 30% of DA's and PA's into Certification Level direct care positions. • <u>Supported Employment Opportunities</u> – will fund a systematic method of assisting people served by the Department to find and keep competitive employment within their communities. Services include benefit planning delivered by well trained staff who know the rules across all benefit programs and can do personalized planning with recipients and on-the-job coaching to help recipients be successful at their new job. • <u>Additional Authority for Shelter Plus Care Grants Cost-to-Continue</u> – provides additional authority for federal Shelter Plus Care Grants that provide rental assistance for DMH consumers. Requested FY09 appropriation is inadequate. • <u>Shelter Plus Care Grants</u> – provide rental assistance to the homeless population that are the hardest to reach— individuals with serious mental illness, chronic substance and/or alcohol abuse issues, co-occurring diagnoses, HIV/AIDS, and DD. • <u>Additional Authority for Refunds</u> – provides additional authority for other funding which may pay refund requests. • <u>School Based Mental Health Services</u> – according to estimates from the Centers for Disease Control, as many as 45,000 children in Missouri's public schools have mental health issues significant enough to interfere with normal development and learning. This item will provide funding for CMHCs, school districts, and other community partners to design school and community based mental health services to respond to the mental health needs of children in their community and will support the employment of up to 105 licensed mental health professionals to coordinate and/or provide prevention services, early identification services, and traditional mental health therapy services in a school based model. Requires a 25% local match which will be approximately \$1.25 million in additional funding through the local school districts. This item was not funded last year. • <u>Veterans Initiative</u> – will fund a federal per diem grant targeting homeless veterans in the Kansas City region, with |

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| | <p>intensive mental health and support services provided by local community mental health providers. Services to families is the second component of this item. The Missouri DMH will work with families during pre-deployment, deployment, sustainment, re-deployment, and post-deployment. Mental health specialists contracted through the Community Mental Health Centers will provide outreach to Missouri military units, including regular service, guard and reserves, to identify families and returning veterans who need information and linkage to mental health services.</p> <ul style="list-style-type: none"> • <u>Trauma Informed Treatment Pilot for Children</u> – will fund a pilot at one Community Mental Health Center to implement trauma informed treatment for children. John Heskett explained that this program would provide an opportunity for a team of individuals to serve about 75 individuals to go through a screening, evaluation, program planning process to provide focused treatment for children and youth to be more responsive to trauma issues. A proposal from a CMHC will be reviewed from standpoint of systemic needs, sustainability, evaluation research. • <u>Fair Market Housing and Emergency Rental Assistance</u> – will fund two housing initiatives. Funding will provide an increase in fair market value housing in the Eastern Region which will allow clients to obtain better housing and neighborhoods without serving fewer clients. The second component of this item is for the Rental Assistance Program (RAP) to expand emergency housing supports for DMH clients. • <u>Diverting Children from Out-of-Home Placement</u> – will support collaboration between ADA and the Children’s Division to create immediate alternatives to out-of-home placement in abuse/neglect situations where alcoholism or drug abuse are major factors. It will enable all women’s CSTAR programs to partner with local Children’s Division offices to implement the SAFERR model for family engagement, retention, and recovery. This model includes evidence-based substance abuse treatment, specialized case management, therapeutic child care, enhanced trauma services, targeted prevention programming for high-risk kids, consultation with intensive in-home service providers. • <u>Add One Women’s CSTAR Program</u> – will establish another specialized CSTAR program for pregnant women and women with children in Missouri. There are currently only ten such programs available to the general public. The program will be competitively bid for an area of high need. • <u>Access to Recovery</u> – will fund substance abuse recovery support services that were created under the federal Access to Recovery (ATR) grant program. Many of these services were reduced in 2007 due to cuts in federal funding. Recovery supports are provided by community organizations, many faith-based, and include work preparation, job coaching, emergency housing, and pastoral counseling. When combined with professional substance abuse treatment, these services significantly improve outcomes. • <u>New ADA Medications</u> – will fund delivery of new medications proven effective in the treatment of alcoholism and other addictions. Examples include Vivitrol, Naltrexone, Acamprosate, and Suboxone, and psychotropic medications for the treatment of co-occurring mental illness. This funding will provide reimbursement to community substance abuse treatment providers for medications and physician services. Dr. Bolster expressed concern that this is not a mandatory item. <i>After discussion, it was determined that this item be moved under Mandatory.</i> • <u>SBIRT</u> – is a placeholder for appropriation authority for two grants that may come to the Division of Alcohol and Drug Abuse in FY 2010. Both grants would support implementing Screening, Brief Intervention, and Referral to |

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| | <p>Treatment (SBIRT), an evidence-based protocol that helps hospitals and emergency rooms effectively manage patients with substance abuse problems and reduce re-admissions.</p> <ul style="list-style-type: none"> • <u>Assertive Community Treatment (ACT) Expansion</u> – expands ACT services, including housing and supported employment services, statewide. Funding for six ACT teams was appropriated in FY 08 and an additional three teams would get close to statewide coverage. Housing and supported employment have been included for all nine teams. • <u>Community Mental Health Center (CMHC) Federally Qualified Health Center (FQHC) Collaboration Statewide Expansion</u> – will fund five additional behavioral/medical collaboration sites across the state at a cost of \$200,000 per team, includes funding of \$100,000 for evaluation. • <u>Deaf Services Initiative</u> – includes an enhanced service-package differential for a 20-bed adult inpatient unit focused on the special needs of deaf consumers, including a smaller children’s inpatient unit. This includes a statewide, video-based screening/diagnostic system. Keith Schafer noted that he plans to bring deaf community representatives to a future Commission meeting to detail the plans. He provided a handout that details this decision item: <ul style="list-style-type: none"> ➤ A 2006 report called, “Revisiting the Dream,” made key recommendations regarding deaf services. ➤ DMH is in the process of hiring a Director of Deaf Services, whose immediate responsibilities will include: <ul style="list-style-type: none"> ✓ Develop better DMH Data Analytics to determine how many deaf individuals are currently being served in DMH by division and program, and at what cost. ✓ Identify major gaps in current services and design new complimentary service systems. ✓ Predict utilization of services under a new system design as described below. ➤ DMH is considering three or four FY 2010 decision items as a core for a new system of deaf services: <ul style="list-style-type: none"> ✓ A differential allocation for a specialized acute inpatient unit for deaf adults, preferably located on the eastern or western side of the state to draw clients from surrounding states, as well as Missouri, to justify costs. ✓ A comparable differential for a specialized acute inpatient unit for deaf children. ✓ A statewide screening and diagnostic center for deaf individuals with mental health problems, using telemedicine with video conferencing capabilities across regions of the state. ✓ At least one regional intensive community based outreach, case management and treatment. ➤ Funding needed for the above options are estimated as follows: <ul style="list-style-type: none"> ✓ Inpatient Adult Unit: \$500,000 differential ✓ Inpatient Child Unit: \$500,000 differential ✓ Virtual Screening Diagnostic Center: \$1.5 million ✓ Deaf ACT Team (optional): \$1.5 million ➤ Keith explained that if an inpatient unit is established at just one site, these clients will have to come to that site. The top recommendation in “Revisiting the Dream” conveyed to him is that the deaf community wants a single inpatient unit in the state that has clinicians who are competent in American Sign Language communication and there is not enough volume of those clients to do units around the state. The same funding stream used with Psychiatric Acute Care Transformation will fund an inpatient unit that will serve these clients. A statewide |

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| | <p>screening and diagnostic center with telemedicine and video conference capabilities across regions is needed, with five outreach teams set up on a regional basis.</p> <ul style="list-style-type: none"> • <u>Additional CPS Interagency Payment Fund Authority Cost-to-Continue</u> – will provide additional authority from the Mental Health Interagency Payment Fund for expenditures associated with a cooperative program between CPS and Department of Corrections that connects Probation and Parole clients with Community Mental Health Center services. • <u>Fulton State Hospital Pay Differential at Maximum and Medium Security Units</u> – requests funding for a differential rate of pay to employees who choose to work in medium and maximum security units at Fulton State Hospital: <ul style="list-style-type: none"> ➢ A three-step differential rate of pay to Security Aides who work in maximum security in Biggs Unit. ➢ Addresses the statewide epidemic with nursing shortages. • <u>Psychiatry/Psychology Shortage</u> – will increase the encounter rate for psychiatry in community settings and fund incentives to attract and retain Psychiatrists by providing student loan repayments and signing bonus stipends. • <u>Community Support Assistants</u> – will allow for 25 consumers to be added to CPR treatment teams across the state. Dr. Parks explained that this would establish a statewide requirement and standard part of services for consumers to be part of CPR teams. Keith noted that this is a major recommendation of the Transformation Working Group and has become recognized nationally as a valuable part of peer support. • <u>MR/DD Waitlist</u> – will be revised to be current and will be presented at a later time. |
| FUTURE MEETINGS | The next Mental Health Commission Meeting is scheduled for August 14, 2008 at Department of Mental Health, Jefferson City, Missouri. |
| ADJOURN | <p>Beth Viviano moved to adjourn and David Vlach seconded. The motion passed and the meeting adjourned at 2:15 p.m.</p> <hr/> <p>Phillip McClendon, Chair</p> |